



# Gilbert Parks and Recreation Class Registration Form

90 E. Civic Center Drive Gilbert, AZ 85296 (480) 503-6200 Fax (480) 503-6213

**MAIN CLIENT CONTACT INFORMATION**

FIRST NAME	LAST NAME	
ADDRESS	CITY	ZIP CODE
EMAIL ADDRESS	HOME PHONE	CELL PHONE
Residency: <input type="checkbox"/> Gilbert <input type="checkbox"/> Non-Resident <input type="checkbox"/> County Island <input type="checkbox"/> Other		

PARTICIPANTS NAME	BARCODE	CLASS/ACTIVITY TITLE	DAY	TIME	FEE
FIRST                      LAST					
AGE                      BIRTHDATE					
FIRST                      LAST					
AGE                      BIRTHDATE					
FIRST                      LAST					
AGE                      BIRTHDATE					

<b>CREDIT CARD PAYMENT</b>	<b>PAYMENT INFORMATION</b>	<b>TOTAL</b> _____
<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> American Express CC # _____ Expiration Date: _____ Name on Card: _____ I agree to the terms and conditions of this agreement and waive all rights to charge back any amount on my card. _____ <small>Authorized Signature</small>	Please make checks payable to: <b>"Town of Gilbert"</b> Mail to: Gilbert Parks & Recreation Department ATTN: Registration 90 E. Civic Center Dr. Gilbert, AZ 85296	One payment per family please <b style="background-color: #e1eef6;">FOR OFFICE USE ONLY</b> Date Rec. _____ Staff _____ Check # _____ \$ _____ Cash \$ _____ Prev. Credit \$ _____ Credit Card \$ _____ Refund   Credit Acct   Credit Card Date Issued _____ By _____

**ASSUMPTION OF RISK AND RELEASE OF ALL CLAIMS**

I allow my child and myself to participate in Gilbert Parks & Recreation programs and activities, including transportation provided, and to use Gilbert recreation facilities including but not limited to any climbing wall or equipment on site. I release the Town of Gilbert and its employees of any liability, claims or demands, which we may have hereafter as a result of my child's and my own participation in programs and activities and use of recreation facilities. I understand that the Town of Gilbert has no medical insurance for my child or me. I understand there are risks involved with physical exertion and use of recreation facilities, including serious injury. I certify that my child's and my own physical condition are satisfactory to participate in programs/activities. I also give my permission for any photographs, audio or video recordings taken of my child and/or myself to be used by the Town of Gilbert for any lawful purpose, including the promotion of Town events on the Town's website or the Town's social media sites. I further waive any and all right to privacy, compensation, or the right to inspect or approve the photographs, audio or video recordings used. I am at least 18 years of age, and verify that all information provided at registration or on this form is correct. Providing incorrect information including but not limited to date of birth and address is grounds for removal from the program and may result in suspension of the privilege to participate in future programs.

I further understand that should I cancel my participation I may be entitled to a refund of the class or program fee, or if I do nothing I can receive a credit for a period of one year from the first date of the class or program for which one originally registered. Such credit may be used for any Gilbert Parks and Recreation Department class, program or rental. Should I not use this credit within one year, I consent to the donation of my credit to the Town of Gilbert Parks and Recreation Department.

**X**

PARENT OR LEGAL GUARDIAN SIGNATURE	DATE
<b>REGISTRATION WILL NOT BE PROCESSED WITHOUT SIGNATURE</b>	